

## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P O Box (450) Alexandria, Virginia 22313-1450 www.upto.gov

## **BIB DATA SHEET**

## CONFIRMATION NO. 7068

| SERIAL NUMBER FILING OF  |   | (_371(c) |                  | CLASS       | GR                               | GROUP ART UNIT                        |                       | ATTORNEY DOCKET |              |                            |
|--|---|----------|------------------|-------------|----------------------------------|---------------------------------------|-----------------------|-----------------|--------------|----------------------------|
| 10/067,49  | 3 02/04/2   |          |                  |             | 705                              | 3626                                  |                       |                 | 1414-002-PWH |                            |
|  |   | RULE     |                  |             |                                  |                                       |                       |                 |              |                            |
| APPLICANTS Steven Siong Cheak Mok, Singapore, SINGAPORE; Tack Keong Bong, Singapore, SINGAPORE; Yew Hing Chong, Singapore, SINGAPORE; Soon Teong Poh, Singapore, SINGAPORE; Da Jun Toh, Singapore, SINGAPORE; "***CONTINUING DATA*********************************** |   |          |                  |             |                                  |                                       |                       |                 |              |                            |
|  |   | iLU/     | Met af<br>Allowa | ter<br>.nce | STATE OR<br>COUNTRY<br>SINGAPORE |                                       | HEETS<br>AWINGS<br>24 | TOT.<br>CLAII   | MS           | INDEPENDENT<br>CLAIMS<br>2 |
| ADDRESS  HANCOCK HUGHEY LLP P.O. BOX 6553 PORTLAND, OR 97228 UNITED STATES   |   |          |                  |             |                                  |                                       |                       |                 |              |                            |
| TITLE  |   |          |                  |             |                                  |                                       |                       |                 |              |                            |
| Health-care system   |   |          |                  |             |                                  |                                       |                       |                 |              |                            |
|  | FEES: Authority has been given in Paper  No to charge/credit DEPOSIT ACCOUNT  No for following: |          |                  |             |                                  | ☐ All Fees                            |                       |                 |              |                            |
|  |   |          |                  |             |                                  | ☐ 1.16 Fees (Filing)                  |                       |                 |              |                            |
| FILING FEE<br>RECEIVED   |   |          |                  |             |                                  | ☐ 1.17 Fees (Processing Ext. of time) |                       |                 |              |                            |
| 903  |   |          |                  |             |                                  | ☐ 1.18 Fees (Issue)                   |                       |                 |              |                            |
| ☐ Other ☐ Credit   |   |          |                  |             |                                  |                                       |                       |                 |              |                            |
|  |   |          |                  |             |                                  |                                       | ☐ Credit              |                 |              |                            |
|  |   |          |                  |             |                                  |                                       |                       |                 |              |                            |